

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90048 029 \*\*\*\*61.25

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1. Corporation Name

I.B. SUPPORT FOUNDATION, INC.

Principal Place of Business

4359 D'EVEREUX CIR.  
PENSACOLA FL 32504

Mailing Address

4359 D'EVEREUX CIR.  
PENSACOLA FL 32504



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

59-3495149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HUSTON, GARY W  
BEGGS & LANE, 3 W. GARDEN ST., STE. 600  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCGIBBON, HENRY DR  
STREET ADDRESS 2577 SOURHTER OAK DR  
CITY-ST-ZIP PENSACOLA FL 32534  
☒ DELETE

TITLE VPD  
NAME LAWRENCE, LYNN  
STREET ADDRESS 1211 DRIFTWOOD DR  
CITY-ST-ZIP PENSACOLA FL  
☐ DELETE

TITLE SD  
NAME MAY, LISA  
STREET ADDRESS 4549 MENTORIA CT  
CITY-ST-ZIP PENSACOLA FL 32504  
☐ DELETE

TITLE TD  
NAME MOORE, RAYMOND  
STREET ADDRESS 4359 D'EVEREUX CIRCLE  
CITY-ST-ZIP PENSACOLA FL 32504  
☐ DELETE

TITLE D  
NAME HANLON, SUNNY  
STREET ADDRESS 5711 GULF ROAD  
CITY-ST-ZIP MILTON FL 32583  
☐ DELETE

TITLE D  
NAME RASMUSSEN, JEAN  
STREET ADDRESS 2415 TROJO CIRCLE  
CITY-ST-ZIP PENSACOLA FL 32503  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME JAMES BURKHARDT  
1.3 STREET ADDRESS 270 MUNRO ROAD  
1.4 CITY-ST-ZIP PENSACOLA, FL 32503  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

RAYMOND MOORE JR 4/29/99 (850) 435-7400

CR2E037 (11/98)